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CONFIRMATION NO. 4861

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|--|---|--|-------------------------------|---|------------------------------|--|
| SERIAL NUMBER 10/664,769 | FILING OR 371(c) DATE 09/17/2003 RULE | CLASS 606 | GROUP ART UNIT 3733 | ATTORNEY DOCKET NO. 09811.105001 | | |
| APPLICANTS Michael W. Mullaney, Kinnelon, NJ; | | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/411,291 09/17/2002 and claims benefit of 60/426,439 11/14/2002 <i>ok</i> | | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>none</i> | | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/09/2003 ** SMALL ENTITY ** | | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY NJ | | SHEETS DRAWING 29 | TOTAL CLAIMS 33-10 | INDEPENDENT CLAIMS 1 <i>ok</i> |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | Verified and Acknowledged <i>[Signature]</i> Examiner's Signature | | Initials <i>[Initials]</i> | | |
| ADDRESS 20786 | | | | | | |
| TITLE Unilateral fixator | | | | | | |
| FILING FEE RECEIVED 534 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |